

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7		1				
8			1			
9						
10						
11		1				
12			1			
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48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	17					
TPTA	23					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL	122526	122526	122526	122526	122526	122526